## FEE TRANSMITTAL FY 2007

İ	Examiner Na					ame Sun U. Kim				
				Confirmation			396			
		OD OF PA	YMENT		T		FEE CAL	CULATION (con	ntinued)	
□ Payment	nt Enclosed:					DITIONAL	L FEES			
	□ Check □	1 Money C	Order 🛛 Other		Large	Small				
☑ The Con			rized to credit or ch	only for	Entity Fee( \$)	Entity Fee (\$)				
	amissioner is in-	reby auum.	rized to credit or cl to Deposit Accou	narge any icc	Fee( \$)	Fee (S)	) Fee L	Description		Fee Paid
			of this sheet enclose		130	65	5 Surch	arge - late filing fee	or oath	
_								-		
	✓ Additional f     ✓ 1.17.	ісс гединец	d under 37 CFR 1.1	16 and	50	25	5 Surcha cover s	arge - late provisions sheet	al filing tee or	
				- /	130	130		sneet English specification		
	icant claims sma	nall entity s			2,520	2,520		est for ex parte re-exa		
	FEE (	CALCULA:	ATION		120	60	0 Extens	sion for reply within	n I <sup>st</sup> mo.	
			EXAMINATION		450	225	5 Extens:	sion for reply within	n 2 <sup>nd</sup> mo.	
Application	Filing	Search	Examination	Fee Paid	1,020	510	0 Extens	sion for reply within	ı 3 <sup>rd</sup> mo.	\$510.00
Type Utility	300	500	200			70	Porton	· · · · · · · · · · · · · · · · · · ·		<b>4010.0.</b>
Utility Design	200	100	130		1.590 2,160	795 1,080		sion for reply within sion for reply within		
Plant	200	300	160	-	500	1,080 250		sion for reply within e of Appeal	, 5" mo.	
Reissue	300	500	600		500	250 250		e of Appeal a brief in support of	f an anneal	
Provisional	200	0	0		1,000	500		st for oral hearing	gn appr	
	=		ity Discount		400	0	0 Petition	ons to the Director		
			1. TOTAL		180	180		ission of IDS		
2. EXCESS CL	AIM FEES	_	Fee	Small Entity Fee (\$)	790	395		a submission after fi		
	aim over 20 or, for I				4		rejectio	ion (37 CFR 1.129(a)	4))	
over 20 a	and more than in th	the original pat	atent 50	25	790	395	< For ear	sch additional inventi	for to be	
	dependent claim over			100				ned (37 CFR 1.129(t		
each indepartment.	dependent claim mo	are than in u.v	; onginai		100	100	0 Certific	icate of Correction fo		
•					1		error			
Total Claims		Extra Claims	ıS	Fee Paid (\$)	130	65	j Submis	ission of Terminal D	isclaimer	
-m Li-keet numbe	- 20 or HP-	16 mas	x \$=			16				
HP = highest number Indep. Claims				= - Pulate)	Other 1ee	ec (Specify)	,	RCE Filing Fo	ee	\$395.00
indep. Cianno		Extra Claims	.s	Fee Paid (\$)						
	- 3 or HP=		×\$		Other for	ce (Specify)				
HP = highest number	r of total claims pair							4.	. TOTAL:	\$905.00
Multiple Depender			all Entity fee (\$)	Fee Paid (\$)						
Claims	360	10	180		4					
			- mamay.		4			TOTA	AL AMOUNT S	UBMITTED
			2. TOTAL:						(\$905	5.00)
3. APPLICATION	ON SIZE FEF	£			Τ		SIGN	ATURE BLOCK	Κ	
If the specification										
fee due is \$250 (\$1	125 for small ent	itity) for eacl	ch additional sheets					Respectfully st	ubmitted,	
there of. See 35 U					i			-		
	Extra Sheets	Additional	1 50 or fraction	Fee (\$) Fee	1				u	
Sheets		thereof		Paid	Date: Apri		1			
			up to a		Reg. No.:	38,720		Mark A. Catan		_
-100=	0 /50=	whole	number x	= 0.00	Tel. No.: (			Attorney for th		(s)
			3. TOTAL:		Fax No.: (	(202) 416	6-6899	Proskauer Ros		
	CORRESPO	NDENCE	ADDRESS		1			1001 Pennsylv		I.W., #400
Direct all correspon					1			Washington, D		
		T ADMINIS						-		
		er Rose LLP	.P Avenue, N.W., Sui		i					
		ennsylvania / gton, D.C. 2		ite 400						
	Tel. No.:	.: (202) 416-4	-6800							
į.	Fax No.:	: (202) 416-6	-6899		1					
	CHETO		(12(2		1					